

BRIEF REPORT

What is saving of human life worth in Poland?

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The information about patients being murdered by Lodz ambulance doctors using pancuronium bromide (Pavulon), published in the *Gazeta Wyborcza*,¹ was repeated in the international press—for example, in the *British Medical Journal*.² The account of a *Gazeta Wyborcza* reporter who had been working as an undercover stretcher bearer and witnessed the reported events, does not prove that any murder was committed. It was the media that presented the information in a negative light. So far the police have not charged anybody with murder. The ambulance workers and doctors who were selling information about the dead (such as addresses of the deceased and their families) to funeral parlours have been detained.

Although it has not been proved that any patients were murdered in Lodz, the way the matter was treated by the media (offensive terms were used, such as “trade in skins”) could lead one to believe that public attention is being diverted from the real problems of medical care in Poland. Nor did any journalist ask whether it is ethical to assess the value of one hour of an ambulance doctor's work at approximately 20 PLN (\$5.0; €5.44), an hour during which he has to accurately diagnose a patient and try to save his life.

In compliance with the *Social Insurance Act*³ 7.75% of national income is spent on health care services. Outpatients clinics receive approximately 9 PLN (\$2.1; €2.4) a month per one registered patient—that is, a clinic with 10 thousand registered patients gets 90 000 PLN (\$21 430; €24 420) from the National Health Service (NHS). The money has to pay for the patient's basic diagnostic tests, the doctors' and the other medical personnel's salaries, maintenance of the clinic, and house calls. The NHS pays my hospital 1650 PLN (\$392; €453) for each inpatient in an internal diseases ward. My net monthly salary—the salary of a doctor specialising in internal diseases and gastroenterology is approximately 1400 PLN (\$333; €380). Having a PhD degree, I also get a supplement of 65 PLN (\$15.6; €18.2) a month. Doctors without specialist qualifications, who are on duty for 16 hours in an internal department, and have to take care of 50 patients, are paid 80 PLN (\$19; €22) that is 5 PLN (\$1.2; €1.4) per hour. It can be calculated that by taking care of one patient for one hour a doctor earns 0.1 PLN (\$0.02; €0.03). The price of an ice cream is one PLN (\$0.2; €0.3). As you can see, life in Poland isn't worth much. Would it be possible to take care of patients in any Western country for such a modest outlay?

The problem of doctors being underpaid appears not only in Poland but also in some EC countries, such as France and Germany. The meaning of the problem there is, however, slightly different. French and German doctors become discouraged but they do not have to confront such moral dilemmas doctors from Eastern European countries. Doctors from Western Europe can afford to pay for specialist courses or medical conferences. For Polish doctors, who are paid very much less, sometimes even paying for medical books or journals may be a problem. The consequence is that a doctor who earns very little may become easy prey for pharmaceutical companies and may well find it more difficult to reject their invitation to cooperate with them.

Nobody is interested in the fact, says Dr Konstanty Radziwil, the President of the Supreme Medical Council, in *Gazeta Wyborcza*,⁴ that there are a lot of enthusiasts among Polish doctors, who conduct scientific research without obtaining any of the financial benefits that would be associated with such research in Western countries. According to the latest instructions from the national internal diseases specialist, which specify the requirements for tutors of internal diseases specialisations, there is no difference in standing between publishing in a Polish and a foreign journal. The same number of points is granted for an article published in a Polish medical journal as for one published in the best foreign periodical.

A lot should be changed in the organisation of Polish medical care. This is not, however, evident to those involved in the politics of medical care. Not many people realise how little doctors in postcommunist countries earn, and that such low incomes could lead to general corruption and the breaking of the code of ethics in any country, anywhere in the world.

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